

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	E-H		
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	5/3/3
1	03/04/85
2	02/04/85
3	03/04/85
4	04/04/85
5	05/04/85
6	06/04/85
7	07/04/85
8	08/04/85
9	09/04/85
10	10/04/85
11	11/04/85
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41	41/04/85
42	42/04/85
43	43/04/85
44	44/04/85
45	45/04/85
46	46/04/85
47	47/04/85
48	48/04/85
49	49/04/85
50	50/04/85

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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